

STATE OF HAWAII — DEPARTMENT OF TAXATION
TRACER REQUEST FOR NET INCOME TAX YEAR _____
(See back for Instructions)

Part I General Information (Complete Lines 1 through 5)

1. Taxpayer's Name(s): Primary Taxpayer Spouse	2. Social Security No(s). OR Federal Employer I.D. No.: Primary Taxpayer Spouse
3. Mailing Address on the Return	4. New Mailing Address (if different)
5. Daytime Telephone Number: Residence () Business ()	

Part II Reason For Tracer Request

1. Did you receive the refund check? ☐ Yes ☐ No
If "No," stop here, otherwise continue to line 2.
2. The refund check was received but was (check ONE of the following boxes):
☐ Lost ☐ Stolen ☐ Destroyed ☐ Other _____

AND

- Was the check endorsed? ☐ Yes ☐ No
If "No," stop here, otherwise continue to line 3.
3. The refund check was endorsed with (check ONE of the following boxes):
☐ All required signatures ☐ Husband's signature only
☐ Wife's signature only ☐ For Deposit Only
☐ Pay to the Order of _____
- NOTE:** A "STOP PAYMENT" will be issued on the original refund check upon receipt of this form. If you receive/find your original check after submitting this form, DO NOT CASH THE ORIGINAL CHECK. You must return the check to the district tax office to which you submitted this form.

Part III Declaration

I hereby declare, under the penalties provided by section 231-36, HRS, that I have examined this request and, to the best of my knowledge and belief, it is true, correct, and complete.

Print or Type Your Name	Signature	Title (if applicable)	Date
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For Office Use Only

Check/Warrant# _____
Amount _____
Issued Date _____
COMPT VO# _____
Period _____
Tax I.D.# _____
Tax Office VO# _____
Post Date _____

GENERAL INSTRUCTIONS

1. Enter the tax year for which the refund was due at the top of the form. If you are requesting a tracer on more than one refund check, you must complete a separate Form L-80 for each request.
2. Complete Parts I through III of the Tracer Request Form and return it to the District office with which you filed your return. In the case of a corporation, partnership or trust, an officer, a partner or member, executor, trustee or duly authorized agent must sign this request. **Be sure to complete Part III, Declaration, print or type your name, include title (if applicable) and date in the spaces provided. You must include your signature.** Your request will not be processed if any requested information is missing.
3. A “**STOP PAYMENT**” will be issued on the original refund check upon receipt of this form. If you receive/find your original check after submitting this form, **DO NOT CASH THE ORIGINAL CHECK**. You must return the check to the district office to which you submitted this form.
4. You should receive information about your refund in 4 - 6 weeks.
5. Please call the district office you filed your return with if you have any questions.

MAILING ADDRESSES AND TELEPHONE NUMBERS

OAHU DISTRICT OFFICE
Attention: Taxpayer Services Branch
P.O. Box 259
Honolulu, HI 96809-0259
Telephone: 808-587-4242
Toll Free: 1-800-222-3229
Telephone for the Hearing Impaired
808-587-1418
Toll Free: 1-800-887-8974

HAWAII DISTRICT OFFICE
P.O. Box 833
Hilo, HI 96721-0833
Toll Free: 1-800-222-3229

MAUI DISTRICT OFFICE
P.O. Box 1169
Wailuku, HI 96793-6169
Toll Free: 1-800-222-3229

KAUAI DISTRICT OFFICE
3060 Eiwa Street, Rm. 105
Lihue, HI 96766-1899
Toll Free: 1-800-222-3229